

Psychosocial Assessment

Today's Date _____

Identifying Information

Client's Name: _____ Age: _____

Living Situation: _____

Insurance _____

Presenting Problems:

Include behaviors, symptoms, duration, primary stressors, why seeking help now.

Past Psych / Substance Abuse (Inpatient & Outpatient)

Substance Abuse

Client and/or significant other – current use

Medical History

Family History

Describe constellation, parental relationships, sibling relationships, Psych/Substance abuse problems, any losses/traumas

History of Physical / Sexual Abuse

Developmental History

Childhood, Adolescence, Education, Sexual Orientation

Marital History

Name of Spouse/significant other, relationship, Psych/Substance abuse issues

Children

Relationship, Psych/Substance abuse issues, miscarriages, abortions

Occupational History

Military Service

Religious / Spiritual Affiliations, Needs

Leisure Activities

Current, Past

Social Support Network

Friendships, clubs, activities, difficulties with people, peer and family relationships

Legal Problems / Pending Court Dates

Problems You Want to Address

Additional Information, Comments or Concerns

Signature _____